Facility ID# 60192

REC'D



Company Name Union Pacific Railroad

agency in that area and Region VII EPA.

NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY Air Quality Division

SEP 0 1 2010

INITIAL NOTIFICATION FORM

Applicable Rule: 40 CFR Part 63, Subpart ZZZZ - National Emission Standards for Hazardous Air Pollutants (NESHAP) for Stationary Reciprocating Internal Combustion Engines (RICE) - Promulgated 6/15/04, 1/18/08, & 3/3/10

Owner/Operator/Title Union Pacific Ra	<u> </u>	<u>Yard</u>
Mailing Address 4601 West Front Street	<u>et</u>	
City North Platte, NE		Zip 69101
Plant Address (if different than owner/o	operator's mail	ing address):
Street		
City		Zip
Plant Phone Number		
Plant Contact/Title		
This form must be con	mpleted, signed a	and submitted to the following agencies:
NDEQ Air Quality Division 1200 'N' St. Atrium, Suite 400 Lincoln, NE 68509-8922	<u>and</u>	Region VII EPA – Air & Waste Management 901 N. 5 th Street Kansas City, KS 66101-2907
If your facility is located in Omaha or Lancaste	er County, vou me	ist submit a notification to the appropriate air pollution control

Provide the following information for the applicable stationary engine(s). Add additional tables or rows as needed.

Unit#	Engine Startup Date	Site Rating Brake Horsepower	Displacement (liters/cylinder)	Fuel(s) Combusted	Compression Ignition	Spark Ignition	Emergency	Limited Use
6-1	1996	1246	37:7/12	Diesel	₽ YES	4-Stroke 2-Stroke Lean Burn Rich Burn	☐ YES	☐ YES
7-1	1995	1340	34.5/8	Diesel	∏ YES	☐ 4-Stroke ☐ 2-SIroke ☐ Lean Burn ☐ Rich Burn	☐ YES	☐ YES
8-1	1994	1340	34.5/8	Diesel	YES	☐ 4-Stroke ☐ 2-Stroke ☐ Lean Burn ☐ Rich Burn	☐ YES	☐ YES



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Comp	oany Name	Union Pacif	ic Raitroad	Facili	Facility 11)# 60192			
Owne	er/Operator	/Title <u>Union</u>	Pacific Railroad	Bailey Yard		•		
Maili	ng Address	4601 West I	Front Street					
City 1	North Platte	e, NE			Zip 6º) [() [
Plant	Address (if	different tha	in owner/operate	or's mailing ad	dress):			
City_					Zip			
Plant	Phone Nun	ıber						
Plant (Contact/Tit	le						
		This form (nust be completed	, signed and sub	mitted to the fo	llowing agencie	19:	PP - 618 rinner de la capación de la
	1200 'N' St	Quality Division Atrium, Suite 68509-8922		egion VII EPA — Air & Waste Management DLN, 5 th Street ansas City, KS 66101-2907				
If your agency	facility is loc in that area ar	ated in Omaha nd Region VII (or Lancaster Count	y, you must subn	nit a notification	to the appropria	te air pollution	control
Provid	s needed.		ation for the ar	pplicable stati	onary engine	(s). Add add	litional tabl	es or
Unit#	Engine Startup Date	Site Rating Brake Horsepower	Displacement (liters/cylinder)	Fuel(s) Combusted	Compression Ignition	Spark Ignition	Emergency	Limited Use
61-1	2002	1340	34,5/8	Diesel	Ĺ X YES	4-Stroke 2-Stroke Lean Burn Rich Burn	☐ YES	☐ YES
62-1	2002	1340	34.5/8 34.5/8	Diesel	TAT YES	☐ 4-Stroke ☐ 2-Stroke ☐ Lean Burn ☐ Rich Burn	☐ YES	☐ YES
					EXT YES	☐ 4-Stroke ☐ 2-Stroke ☐ Lean Burn	☐ YES	☐ YES

Rich Burn

Unit#	Engine Startup Date	Site Rating Brake Horsepower	Displacement (liters/cylinder)	Fuel(s) Combusted	Compression Ignition	Spark Ignition	Emergency	Limited Use
46-1	1996	1340	34.5/8	Diesel	™ YE3	4-Stroke 2-Stroke Lean Burn Rich Burn	☐ YES	☐ YES
47-1	1997	1340	34.5/8	Diesel	₹ YES	4-Stroke 2-Stroke Lean Burn Rich Burn	☐ YES	☐ YES
60-1	2002	1340	34.5/8	Diesel	DN YES	4-Stroke 2-Stroke Lean Burn Rich Burn	☐ YES	☐ YES

	2002	13-70	34.5/8	Diesei	D(IYES	L 2-Stroke Lean Burn Rich Burn	☐ YES	☐ YES
	Facility is a n Facility is an *Note: A 1 IIAP or 25	najor source c area source o najor source is tous per year t	the box (hat a of hazardous air f HAPs.* of all HAPs comb of all HAP emission	pollutants (FA) s a potential to e- ined. All other so	mit greater th	a cameron Tha	vear of any s major/area s	ingle ource
Is the	engine(s) a source of H If YES, the meet the re	new/reconstri AP? Yes engine(s) do	icted emergency	or limited use additional requ O New Source 1	engine and > irements una Performance	- 500 horsepo ler Subpart Zi Standards Su	777 - but wa	
∏ N	ew Source* xisting sourc *Note: To form.	determine if y	on are a new or			uched informa	tion followii	ig this
			of the Responsibl	e Official for th	e facility:			
Name	: <u>Joel Strafe</u>	<u>elda</u>		Tit	le: <u>General</u>	Mgr Environ	mental Mgi	<u>mt</u>
	The presAn owneA plant oA govern	er of the plant; engineer or sur inient official,	the: sident, secretary, pervisor of the pla if the plant is own cer, if the plant is	nt; ned by the Federa	ıl, State, City,			
I CER TO TI	TIFY THAT HE BEST O	T INFORMA EMY KNOX	TION CONTA	ANED IN THI	S REPORT	'IS AČCURZ	ATE AND T	RUE
	ful	for the				8/2	4/10	
Signatu	re of Responsible	v Official)				(Dute)		